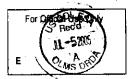
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

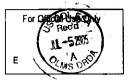
| 1. File Number: U | 2. Fiscal Year Covered From: | | | |
|--|--|--|--|--|
| 2654 | 0 / 01 / 2004 Through: 12 / 3/ / 2004 | | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | | |
| Name David M McDoniel | Name IBEW LUSTT | | | |
| | Labor Organization File Number 029-101 | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any P.O. Box 12/29 | | | |
| Street 472 SE Sells Dr. | Street 321-16th Avenue S, | | | |
| city Shelton | city Seattle | | | |
| State W A ZIP Code + 4 98584 | State WA ZIP Code + 4 98/07 | | | |
| 5. Position in labor organization. Business Rep | resentative / Southwest Utilities | | | |
| And the second of the second o | and Market and American | | | |
| Enter appropriate data below if, during the past fiscal year, you or your spo except as specified in the excl | ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions): | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate | derived income or other economic benefit of lon represents or is actively seeking to represent. | | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | | |
| Name | | | | |
| Trade Name, if any: | | | | |
| Supplied to the first interest to the state of the state | | | | |
| P.O. Box, Bldg., Room No., if any | Annual CANONIA CONTROL | | | |
| | 7.b. Amount. | | | |
| Street | | | | |
| Ale. | AND ANY AND A MARKET STATE OF THE STATE OF T | | | |
| City | Saamaanaka paminista a deesaana | | | |
| State - ZIP Code + 4 | | | | |
| State ZIP Code + 4 | | | | |
| · · · · · · · · · · · · · · · · · · · | nature | | | |
| 15. Signature and verification. The undersigned declares, under penalty of | f Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the | | | |
| Signed & Man Mc How | on 6/28/05 360-426-1076 | | | |
| Signor 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Date Telephone Number | | | |
| • • • | relephone (minute) | | | |

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 231-101 | 2. Fiscal Year Covered From: | | | |
|--|--|--|--|--|
| 2654 | 01/01/2004 Through: 12/31/2004 | | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | | |
| Name David M McDoniel | Name IBEW LUSTT | | | |
| | Labor Organization File Number 029-101 | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any P.O. Box 12/29 | | | |
| Street 472 SE Sells Dr, | Street 321-16th Avenue 5, | | | |
| city Shelton | city Seattle | | | |
| State WA ZIP Code +4 98584 | State WA ZIP Code + 4 98/07 | | | |
| 5. Position in labor organization. | oresentative / Southwest Utilities | | | |
| in a Control of the first of the control of the con | reservation of Joseph autilities | | | |
| (except as specified in the exc | ouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions): | | | |
| | and the state of t | | | |
| monetary value from an employer whose employees your organiza | or derived income or other economic benefit of tion represents or is actively seeking to represent. | | | |
| monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). | r derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. | | | |
| monetary value from an employer whose employees your organiza | tion represents or is actively seeking to represent. | | | |
| monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). | tion represents or is actively seeking to represent. | | | |
| monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). Name | tion represents or is actively seeking to represent. | | | |
| monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | tion represents or is actively seeking to represent. | | | |
| monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: | tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. | | | |
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| monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. | | | |
| monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. | | | |
| monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.c. Amount. 7.c. Amount. 7.c. Amount. | | | |
| monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.c. Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the | | | |

| Name of Person Filing | | File Number U- | 2654 | | | | |
|--|--|--|--|--|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | | | | |
| Name and address of Business (including trade name, if any). | 9. Business deals with: | | • | | | | |
| Name | a laba O | _4i | | | | | |
| Trade Name, if any: | a. Labor Organiza | ation | | | | | |
| P.O. Box, Bidg., Room No., if any | c. Employer | | | | | | |
| Street | Limpioyo. | | | | | | |
| City | | | · | | | | |
| State ZIP Code + 4 | | | | | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such deal | ling. | | | | | |
| Name | | | | | | | |
| Trade Name, if any: | | | | | | | |
| P.O. Box, Bldg., Room No., if any | | | was considered | | | | |
| Street | 4d b Approximate dellarus | | 900 | | | | |
| City | 11.b. Approximate dollar value 12.a. Nature of interest he | | <u> </u> | | | | |
| State ZIP Code + 4 | | | (T) Mg V Tara , a tarapan seminara mana amin | | | | |
| | es a mantinuidad de | | | | | | |
| | 12.b. Amount. | | | | | | |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money | | , | | | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | | | | |
| Name | - independent | | | | | | |
| Trade Name, if any: | - Carlo | | | | | | |
| P.O. Box, Bldg., Room No., if any | The second section of the first section of the firs | | | | | | |
| Street | points on a control | | : | | | | |
| City | and the second s | | | | | | |
| State ZIP Code + 4 | The state of the s | The second secon | , , , , , , , , , , , , , , , , , , , | | | | |
| 13.b. is the Business an Employer or Consultant ? | 14.b. Amount of payment. | | the state of the s | | | | |